Case:19-40294-EJC Doc#:1 Filed:03/01/19 Entered:03/01/19 09:17:53 Page:1 of 56

| Fill in this information to identify your case: | | |
|---|---------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| SOUTHERN DISTRICT OF GEORGIA | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself | | | |
|-----|--|---|---|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Lindsay First name N Middle name | | First name Middle name |
| | Bring your picture identification to your meeting with the trustee. | Waters Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | 3 | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-4973 | | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|---|---|--|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. Business name(s) | | | |
| | Include trade names and doing business as names | Business name(s) | | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 131 Whirlwind Way Guyton, GA 31312 | | | | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Effingham | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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| 7. | The chapter of the Bankruptcy Code you are | | | rief description of each, see Notice Requir go to the top of page 1 and check the app | ed by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy ropriate box. | | | |
|-----|---|---------------|--------------------------------|--|---|--|--|--|
| | choosing to file under | Chapter 7 | | | | | | |
| | | ☐ Cha | • | | | | | |
| | | ☐ Cha | pter 12 | | | | | |
| | | ☐ Cha | apter 13 | | | | | |
| 8. | How you will pay the fee | a 0 | bout how yo | u may pay. Typically, if you are paying the attorney is submitting your payment on you | e check with the clerk's office in your local court for more details fee yourself, you may pay with cash, cashier's check, or money ur behalf, your attorney may pay with a credit card or check with | | | |
| | | | | the fee in installments. If you choose this in Installments (Official Form 103A). | s option, sign and attach the Application for Individuals to Pay | | | |
| | | | request that out is not req | t my fee be waived (You may request this uired to, waive your fee, and may do so on | option only if you are filing for Chapter 7. By law, a judge may, ly if your income is less than 150% of the official poverty line that be fee in installments). If you choose this option, you must fill out | | | |
| | | | | | d (Official Form 103B) and file it with your petition. | | | |
|). | Have you filed for bankruptcy within the last 8 years? | ■ No. | | | | | | |
| | last o years: | □ 165. | District | When | Case number | | | |
| | | | District | When | Case number | | | |
| | | | District | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | Relationship to you | | | |
| | | | District | When | Case number, if known | | | |
| | | | Debtor | | Relationship to you | | | |
| | | | District | When | Case number, if known | | | |
| 11. | Do you rent your residence? | ■ No. | Go to I | ne 12. | | | | |
| | | ☐ Yes. | Has yo | ur landlord obtained an eviction judgment | against you? | | | |
| | | | | No. Go to line 12. | | | | |
| | | | | V E'' | iction Judgment Against You (Form 101A) and file it as part of | | | |

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| 12. | Are you a sole proprietor of any full- or part-time | ■ No. | Go to | Part 4. | | | | |
|-----|---|---|-------------------------------------|--|--|--|--|--|
| | business? | | □ Yes Name and location of business | | | | | |
| | | ☐ Yes. | IName | e and location of pusiness | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | ber, Street, City, State & ZIP Code | | | | |
| | it to this petition. | | Chec | ck the appropriate box to describe your business: | | | | |
| | | | | Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | |
| | | | | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | |
| | | | | Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | |
| | | | | Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | |
| | | | | None of the above | | | | |
| | Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). | | | | | | |
| | For a definition of small | No. | ı am r | not filing under Chapter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | ☐ Yes. | I am f | filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | | | | | | | |
| Par | t 4: Report if You Own or | Have Any | Hazardo | ous Property or Any Property That Needs Immediate Attention | | | | |
| | Do you own or have any | | Hazardo | ous Property or Any Property That Needs Immediate Attention | | | | |
| | Do you own or have any property that poses or is | ■ No. | Hazardo | ous Property or Any Property That Needs Immediate Attention | | | | |
| | Do you own or have any property that poses or is alleged to pose a threat of imminent and | | | the hazard? | | | | |
| | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ■ No. | | | | | | |
| | Do you own or have any property that poses or is alleged to pose a threat of imminent and | ■ No. | What is | | | | | |
| | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs | ■ No. | What is If immediately needed, | the hazard? diate attention is | | | | |
| | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs | ■ No. | What is If immediately needed, | the hazard? diate attention is , why is it needed? | | | | |

Debtor 1

Debtor 1
Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Par | Answer These Quest | ions for Re | porting Purposes | | | | | | | | |
|-----|--|---|---|---|---|--|--|--|--|--|--|
| 16. | What kind of debts do you have? | | | consumer debts? Consumer debts are de sonal, family, or household purpose." | fined in 11 U.S.C. § 101(8) as "incurred by an | | | | | | |
| | | | ☐ No. Go to line 16b. | | | | | | | | |
| | | | Yes. Go to line 17. | | | | | | | | |
| | | | 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | | | |
| | | | ☐ No. Go to line 16c. ☐ Yes. Go to line 17. | | | | | | | | |
| | | | | | | | | | | | |
| | | 16c. | State the type of debts you | owe that are not consumer debts or busine | ess debts | | | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapte | er 7. Go to line 18. | | | | | | | |
| | Do you estimate that after any exempt property is excluded and | | | Do you estimate that after any exempt provailable to distribute to unsecured creditors | operty is excluded and administrative expenses s? | | | | | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | | | | |
| | be available for distribution to unsecured creditors? | | □ Yes | | | | | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | | | | | |
| 19. | How much do you estimate your assets to be worth? | ■ \$0 - \$50,000 □ \$50,001 - \$100,000 □ \$100,001 - \$500,000 □ \$500,001 - \$1 million | | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | | | | |
| 20. | How much do you estimate your liabilities to be? | □ \$100,00 | 0,000 1 - \$100,000 01 - \$500,000 01 - \$1 million | □ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | | | | |
| Par | t7: Sign Below | | | | | | | | | | |
| For | you | I have exa | mined this petition, and I de | clare under penalty of perjury that the info | rmation provided is true and correct. | | | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | | | | |
| | | I request re | elief in accordance with the | chapter of title 11, United States Code, sp | ecified in this petition. | | | | | | |
| | | bankruptcy and 3571. | / case can result in fines up | t, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20 | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | | | | |
| | | | ay N Waters N Waters of Debtor 1 | Signature of Debt | for 2 | | | | | | |
| | | Executed | March 1, 2019 MM / DD / YYYY | Executed on | M / DD / YYYY | | | | | | |

Debtor 1

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ John E. Pytte | Date | March 1, 2019 |
|--|---------------|----------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| John E. Pytte 590555 Printed name | | |
| John Pytte Firm name | | |
| P.O. BOX 949 Hinesville, GA 31310 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 912-369-3569 | Email address | johnpytte@jpytte.com |
| 590555 GA | | |
| Bar number & State | | |

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| Fill | in this information to identify your case: | F.1 File0.03/0 | 11/19 | Page. | 8 01 50 |
|------|---|-----------------------|--|---------------|-----------------------------|
| Del | btor 1 Lindsay N Waters | | | | |
| Del | First Name Notor 2 | Middle Name | Last Name | | |
| | | Middle Name | Last Name | | |
| Uni | ited States Bankruptcy Court for the: SOUT | THERN DISTRICT C | DF GEORGIA | | |
| | se number nown) | | | _ | if this is an led filing |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| Of | ficial Form 106Sum | | | | |
| | | iabilities and | d Certain Statistical Information | 1 | 2/15 |
| info | | then complete the | re filing together, both are equally responsible to information on this form. If you are filing amend the box at the top of this page. | | |
| Par | t 1: Summarize Your Assets | | | | |
| | | | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106. 1a. Copy line 55, Total real estate, from Sch | A/B) nedule A/B | | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, fro | om Schedule A/B | | \$ | 19,712.94 |
| | 1c. Copy line 63, Total of all property on Sch | nedule A/B | | \$ | 19,712.94 |
| Par | t 2: Summarize Your Liabilities | | | | |
| | | | | Your lia | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Se 2a. Copy the total you listed in Column A, A | | Official Form 106D) e bottom of the last page of Part 1 of <i>Schedule D</i> | \$ | 18,064.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecus 3a. Copy the total claims from Part 1 (priorit | | Form 106E/F)) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpr | riority unsecured cla | ims) from line 6j of Schedule E/F | \$ | 70,587.52 |
| | | | Your total liabilities | \$ | 88,651.52 |
| Par | t 3: Summarize Your Income and Expens | ses | | | |
| 4. | Schedule I: Your Income (Official Form 106l Copy your combined monthly income from li | | | \$ | 2,570.35 |
| 5. | Schedule J: Your Expenses (Official Form 1 Copy your monthly expenses from line 22c of | | | \$ | 2,569.21 |
| Par | Answer These Questions for Admini | istrative and Statist | tical Records | | |
| 6. | Are you filing for bankruptcy under Chap No. You have nothing to report on this | | eck this box and submit this form to the court with yo | our other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | | | |
| | | | ebts are those "incurred by an individual primarily for for statistical purposes. 28 U.S.C. § 159. | a personal, | family, or |
| | Your debts are not primarily consum the court with your other schedules. | ner debts. You have | e nothing to report on this part of the form. Check the | is box and su | Ibmit this form to |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|--------------------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 8,702.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 8,702.00 |

Case:19-40294-F.IC Doc#:1 Filed:03/01/19 Entered:03/01/19 09:17:53 Page:10 of 56 Fill in this information to identify your case and this filing: Debtor 1 **Lindsay N Waters** Middle Name First Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse, if filing) United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Honda Make: Who has an interest in the property? Check one 3 1 the amount of any secured claims on Schedule D: Civic Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2017 Debtor 2 only Current value of the Current value of the 22000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another NADA Clean Retail: \$19,050 \$19,050.00 \$19,050.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$19,050.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings

Official Form 106A/B Schedule A/B: Property page 1

Examples: Major appliances, furniture, linens, china, kitchenware

| Debtor 1 | Case:19-40294-EJC [Lindsay N Waters | Ooc#:1 | Filed:03/01/19 | Entered:03/0 | 1/19 09:17:53 ase number (if known) | Page:11 of 56 |
|----------|---|--------------|--------------------------|--------------------------|--|-------------------------------|
| ■ Yes | s. Describe | | | | | |
| | none | | | | | \$0.00 |
| □ No | ples: Televisions and radios; aud including cell phones, cames. Describe | eras, media | a players, games | | ers, scanners; music c | |
| | ceil phone | , tv (at bo | oyfriend's parent's | nouse) | | \$500.00 |
| Exam | tibles of value ples: Antiques and figurines; pain other collections, memorab s. Describe | | | ks, pictures, or other a | rt objects; stamp, coin, | or baseball card collections; |
| Exam | ment for sports and hobbies ples: Sports, photographic, exerc musical instruments s. Describe | ise, and otl | her hobby equipment; b | icycles, pool tables, go | olf clubs, skis; canoes a | and kayaks; carpentry tools; |
| ■ No | rms nples: Pistols, rifles, shotguns, ar s. Describe | nmunition, | and related equipment | | | |
| □ No | nes mples: Everyday clothes, furs, lea s. Describe | ther coats, | designer wear, shoes, | accessories | | |
| | clothing | | | | | \$150.00 |
| □ No | nples: Everyday jewelry, costumes. Describe | | ngagement rings, wedd | ing rings, heirloom jew | elry, watches, gems, g | old, silver \$0.00 |
| Exar | farm animals nples: Dogs, cats, birds, horses s. Describe | | | | | <u> </u> |
| | Dog - large | e dog | | | | \$0.00 |
| ■ No | other personal and household is. Give specific information | items you | did not already list, ir | cluding any health aid | ds you did not list | |
| | I the dollar value of all of your of the dollar value of all of your of the dollar that number here | | | | ou have attached | \$650.00 |

Official Form 106A/B Schedule A/B: Property page 2

Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... Capital One \$12.94 Checking \$0.00 Checking **Capital One** 17.2. Checking **Capital One** \$0.00 17.3. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

Official Form 106A/B Schedule A/B: Property page 3

■ No

| De | Ca ebtor 1 | ase:19-4 Lindsay | 40294-E N Waters | JC D | oc#:1 | Filed: | 03/01/19 | Ente | red:03/01/ Case | 19 09:17:53 e number (if known) | Page:13 of 56 |
|-----|-------------------------------------|--|---|-----------------------|----------------------------|--------------|------------------------------------|--------------|--------------------------|------------------------------------|---|
| | ☐ Yes. | | Institutio | n name a | and descrip | ption. Sepa | arately file the | records o | of any interests | .11 U.S.C. § 521(c) | : |
| | ■ No | - | or future in | | | y (other th | nan anything | listed in | line 1), and rig | hts or powers exe | ercisable for your benefit |
| | Exam _l ■ No | ples: Interne | | ames, we | bsites, pro | | er intellectual n royalties and | | y g agreements | | |
| 27. | Licens Exam _l ■ No | ses, franchi <i>pl</i> es: Buildir | i ses, and ot ng permits, e | her gene exclusive | eral intanç licenses, c | | e association h | holdings, | liquor licenses, | professional licens | ees |
| | ☐ Yes. | Give speci | ific informati | on about | them | | | | | | |
| M | oney or | property o | wed to you | ? | | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | _ | funds owe | d to you | | | | | | | | |
| | ■ No □ Yes. | Give specif | fic informatic | on about t | hem, inclu | uding whet | her you alread | dy filed the | e returns and th | ne tax years | |
| | Exam _l ■ No | | ue or lump s | | ony, spous | al support | , child support | t, mainten | nance, divorce s | settlement, property | settlement |
| 30. | Exam | <i>ples:</i> Unpaid | omeone ow d wages, dis its; unpaid lo | ability ins | | | | its, sick p | ay, vacation pa | y, workers' compe | nsation, Social Security |
| | ■ No □ Yes. | Give speci | ific informati | on | | | | | | | |
| 31. | Exam | | ance policion, disability, o | | ırance; he | alth saving | gs account (H | SA); credi | it, homeowner's | s, or renter's insura | nce |
| | ■ No □ Yes. | Name the i | nsurance co | mpany o | f each poli | icv and list | its value. | | | | |
| | | | | Company | | , | | | Beneficiary: | | Surrender or refund value: |
| 32. | If you | | eficiary of a | | | | who has died rom a life insu | | licy, or are curr | ently entitled to rec | eive property because |
| | _ | Give speci | ific informati | on | | | | | | | |
| 33. | | | | | | | ed a lawsuit of ms, or rights to | | a demand for | payment | |
| | ☐ Yes. | Describe e | each claim | | | | | | | | |
| 34. | Other No | contingent | and unliqu | idated cl | aims of e | very natui | re, including | counterc | claims of the d | ebtor and rights to | set off claims |
| | ☐ Yes. | Describe e | each claim | | | | | | | | |
| 35. | Any fir ■ No | nancial ass | ets you did | not alre | ady list | | | | | | |
| | _ | Give speci | ific informati | on | | | | | | | |

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| 36. | Add the dollar value of all of your entries from Part 4, including for Part 4. Write that number here | g any entries for pag | es you have attached | \$12.94 |
|--------------|--|----------------------------|--------------------------|-------------------------|
| Part | 5: Describe Any Business-Related Property You Own or Have an Interest | est In. List any real esta | ate in Part 1. | |
| _ | o you own or have any legal or equitable interest in any business-relate | ed property? | | |
| | No. Go to Part 6. | | | |
| | Yes. Go to line 38. | | | |
| Part | 6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. I | Oo you own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| | No. Go to Part 7. | | | |
| | ☐ Yes. Go to line 47. | | | |
| Part | 7: Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| | Examples: Season tickets, country club membership No Yes. Give specific information | | | |
| 54. | Add the dollar value of all of your entries from Part 7. Write that | at number here | | \$0.00 |
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | \$19,050.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$650.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$12.94 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$19,712.94 | Copy personal property t | otal \$19,712.94 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$19,712.94 |
| | | | | |

Official Form 106A/B Schedule A/B: Property page 5

Case:19-40294-F.IC Doc#:1 Filed:03/01/19 Entered:03/01/19 09:17:53 Page:15 of 56 Fill in this information to identify your case: Debtor 1 **Lindsay N Waters** Middle Name First Name Last Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name SOUTHERN DISTRICT OF GEORGIA United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106C Schedule C: The Property You Claim as Exempt 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 2017 Honda Civic 22000 miles 11 U.S.C. § 522(d)(2) \$19,050.00 \$3,775.00 NADA Clean Retail: \$19,050 Line from Schedule A/B: 3.1 100% of fair market value, up to any applicable statutory limit cell phone, tv (at boyfriend's parent's 11 U.S.C. § 522(d)(3) \$500.00 \$500.00 house) Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit clothing 11 U.S.C. § 522(d)(3) \$150.00 \$150.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit

costume jewelry

Line from Schedule A/B: 12.1

Checking: Capital One

Line from Schedule A/B: 17.1

\$0.00

\$12.94

11 U.S.C. § 522(d)(4)

11 U.S.C. § 522(d)(5)

\$0.00

\$12.94

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

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| 3. | - | laiming a homestead exemption of more than \$160,375? o adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) |
|----|------|--|
| | No | |
| | Yes. | Did you acquire the property covered by the exemption within 1,215 days before you filed this case? |
| | | No |
| | | Yes |
| | | |

Case:19-40294-F.IC Doc#:1 Filed:03/01/19 Entered:03/01/19 09:17:53 Page:17 of 56 Fill in this information to identify your case: Debtor 1 Lindsay N Waters Middle Name First Name Last Name Debtor 2 Middle Name First Name Last Name (Spouse if, filing) SOUTHERN DISTRICT OF GEORGIA United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column A Column B Column C 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Value of collateral Unsecured Amount of claim much as possible, list the claims in alphabetical order according to the creditor's name. Do not deduct the that supports this portion value of collateral If any \$18,064.00 \$19,050.00 \$0.00 Capital One Auto Finance Describe the property that secures the claim: Creditor's Name 2017 Honda Civic 22000 miles NADA Clean Retail: \$19,050 Attn: Bankruptcy As of the date you file, the claim is: Check all that Po Box 30285 apply. Salt Lake City, UT 84130 ☐ Contingent Number, Street, City, State & Zip Code ☐ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured ■ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit At least one of the debtors and another ☐ Check if this claim relates to a ☐ Other (including a right to offset) community debt Opened 05/18 Last Active 1001 Date debt was incurred 1/22/19 Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here: \$18,064.00 If this is the last page of your form, add the dollar value totals from all pages. \$18,064.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case:19-40294-F.IC Doc#:1 Filed:03/01/19 Entered:03/01/19 09:17:53 Page:18 of 56 Fill in this information to identify your case: Debtor 1 **Lindsay N Waters** Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. List All of Your NONPRIORITY Unsecured Claims Part 2: 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 **AAFES** Last 4 digits of account number 2435 \$2,825.00 Nonpriority Creditor's Name Opened 02/16 Last Active Attention: Bankruptcy Po Box 650060 When was the debt incurred? 09/18 **Dallas, TX 75265** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account

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| \$943.69 |
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| 4.5 | Capital One | Last 4 digits of account number | 7591 | \$3,967.00 |
|-----|--|---|--|------------|
| | Nonpriority Creditor's Name 15000 Capital One Dr | When was the debt incurred? | Opened 04/14 Last Active 04/16 | |
| | Richmond, VA 23238 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | |
| | Debtor 1 only | Пол | | |
| | | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | 1 claim: | |
| | At least one of the debtors and another | Student loans | a ciaiiii. | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debte | |
| | ■ No | | | |
| | Yes | Other. Specify Credit Card | | |
| 4.6 | Chase Card Services | Last 4 digits of account number | 7024 | \$2,604.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | Opened 10/15 Last Active 04/16 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | • | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | <u> </u> | |
| 4.7 | Comenitycapital/mrsota | Last 4 digits of account number | 4015 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 | When was the debt incurred? | Opened 08/17 Last Active 1/23/18 | |
| | Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Charge Acc | count | |

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| 4.8 | Comenitycapital/smplyb | Last 4 digits of account number | 8025 | \$281.00 |
|-----|--|--|--|----------|
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 08/17 Last Active 10/18 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | count | |
| 4.9 | Credit Collection Services | Last 4 digits of account number | 1668 | \$230.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 725 Canton St | When was the debt incurred? | Opened 4/14/18 | |
| | Norwood, MA 02062 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other. Specify 06 Progres | sive | |
| 1.1 | Credit One Bank | Last 4 digits of account number | 5195 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department Po Box 98873 Las Vegas, NV 89193 | When was the debt incurred? | Opened 10/15 Last Active 04/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other. Specify Credit Card | <u> </u> | |

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| 4.1 1 | Effingham Health System | Last 4 digits of account number 9991 | \$293.04 |
|----------|--|--|------------|
| | Nonpriority Creditor's Name PO Box 15727 | When was the debt incurred? | |
| | Savannah, GA 31416 | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify | |
| 4.1 | ERC/Enhanced Recovery Corp | Last 4 digits of account number 2749 | \$886.00 |
| 2 | Nonpriority Creditor's Name | Last 4 digits of account number | Ψοσο.σο |
| | Attn: Bankruptcy | When was the debt incurred? Opened 07/17 | |
| | 8014 Bayberry Road | | |
| | Jacksonville, FL 32256 | As of the data was file the alains in Oberland that are he | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | <u> </u> | | |
| | ■ Debtor 1 only | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No □ Yes | Other. Specify Collection Attorney Tmobile | |
| | 165 | Other. Specify | |
| 4.1 3 | Flexshopper | Last 4 digits of account number | \$5,000.00 |
| | Nonpriority Creditor's Name 2700 N Military Trl | When was the debt incurred? | |
| | Boca Raton, FL 33431 Number Street City State Zip Code | As of the date you file the eleips in Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Mac book rental | |
| | | | |

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| 4.1 | Healthcare Finance Direct | Last 4 digits of account number | 6997 | \$1,589.55 |
|--|--|--|--|------------|
| <u>. </u> | Nonpriority Creditor's Name 1201 24th Street Suite B200 | When was the debt incurred? | | |
| | Bakersfield, CA 93301 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | Пол | | |
| | | ☐ Contingent | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated | | |
| | | ☐ Disputed Type of NONPRIORITY unsecured | 1 claim: | |
| | At least one of the debtors and another | Student loans | a dami. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Smile Direct | | |
| 4.1 | HSN | Last 4 digits of account number | 2470 | \$149.98 |
| 5 | Nonpriority Creditor's Name 1 HSN Drive | When was the debt incurred? | | ******* |
| | Saint Petersburg, FL 33729 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| 4.1 | Kohls/Capital One | Last 4 digits of account number | 2514 | \$569.00 |
| | Nonpriority Creditor's Name Kohls Credit Po Box 3120 | When was the debt incurred? | Opened 10/15 Last Active 02/16 | |
| | Milwaukee, WI 53201 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | count | |
| | | | | |

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| 4.1 7 | Merrick Bank/CardWorks | Last 4 digits of account number | 6092 | \$233.00 |
|----------|--|--|--|------------|
| , , | Nonpriority Creditor's Name Attn: Bankruptcy | | Opened 03/18 Last Active | <u> </u> |
| | Po Box 9201 | When was the debt incurred? | 10/03/18 | |
| | Old Bethpage, NY 11804 | | 10/00/10 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Line | Secured | |
| 4.1 | Midland Funding | | 4026 | \$004.00 |
| 8 | Midland Funding Nonpriority Creditor's Name | Last 4 digits of account number | 4936 | \$601.00 |
| | Nonphonty Creditor's Name | | Opened 11/16 Last Active | |
| | 2365 Northside Dr Ste 300 San Diego, CA 92108 | When was the debt incurred? | 04/16 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | ■ Other. Specify Bank N.A. | Company Account Credit One | |
| 4.1 | NAVY FEDERAL | Last 4 digits of account number | 2050 | \$6,000.00 |
| | Nonpriority Creditor's Name | _ | | |
| | P.O. BOX 3500 | When was the debt incurred? | 2017 | |
| | MERRIFIELD, VA 22119- Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dam's | 3. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | | | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | d claim: | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a Claiiii. | |
| | ☐ Check if this claim is for a community debt | | | |
| | Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Savings - o | | |
| | □ res | Other. Specify | y Gi Qi di lGU | |

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| 4.2 0 | OSLA/Dept of Ed | Last 4 digits of account number | 2774 | \$8,702.00 |
|----------|---|---|---|-------------|
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 18475 Oklahoma City, OK 73154 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | Opened 03/17 Last Active 1/31/19 | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | S. Officer all trial apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Student loans Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐Yes | Other. Specify | | |
| | | Educationa | ıl . | |
| 4.2 1 | PSECU | Last 4 digits of account number | 0010 | \$16,124.00 |
| | Nonpriority Creditor's Name Attention: Bankruptcy Po Box 67013 Harrisburg, PA 17106 | When was the debt incurred? | Opened 09/15 Last Active 8/13/16 | |
| | Number Street City State Zip Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Student loans | a ciaiii. | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Automobile | | |
| 4.2 2 | Portfolio Recovery Nonpriority Creditor's Name | Last 4 digits of account number | 5913 | \$1,166.00 |
| | Po Box 41021 Norfolk, VA 23541 | When was the debt incurred? | Opened 07/17 Last Active 03/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sens | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | iration agreement of divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Factoring (Bank | Company Account Synchrony | |

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| Reliant Holdings, In | Last 4 digits of account number | 9795 | \$0. |
|--|---|---|---------|
| Nonpriority Creditor's Name Attn: Bankruptcy Department 1707 Warren Rd. Indiana, PA 15701 | When was the debt incurred? | Opened 08/17 Last Active 09/15 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | og plans, and other similar debts | |
| ■ No | ■ Other. Specify Credit Card | | |
| | — Other. Specify | | |
| Southwest Credit Systems | Last 4 digits of account number | 2712 | \$615 |
| Nonpriority Creditor's Name 4120 International Parkway Suite 1100 Carrollton, TX 75007 | When was the debt incurred? | Opened 07/18 Last Active 05/17 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | Student loans | | |
| ls the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Collection | Attorney Peco Energy | |
| | | 4000 | |
| Southwest Credit Systems Nonpriority Creditor's Name | Last 4 digits of account number | 4960 | \$108 |
| 4120 International Parkway Suite 1100 | When was the debt incurred? | Opened 03/17 Last Active 03/16 | |
| Carrollton, TX 75007 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Collection | Attorney Windstream | |

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| \$0.00 | 5913 | Last 4 digits of account number | Synchrony Bank/Amazon |
|------------|--|--|--|
| | Opened 09/15 Last Active 03/16 | When was the debt incurred? | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number Street City State Zip Code |
| | s: Cneck all that apply | As of the date you file, the claim is | Who incurred the debt? Check one. |
| | | ☐ Contingent | ■ Debtor 1 only |
| | | ☐ Unliquidated | Debtor 2 only |
| | | ☐ Disputed | Debtor 1 and Debtor 2 only |
| | claim: | Type of NONPRIORITY unsecured | ☐ At least one of the debtors and another |
| | | Student loans | ☐ Check if this claim is for a community |
| | ration agreement or divorce that you did not | ☐ Obligations arising out of a separ | debt Is the claim subject to offset? |
| | g plans, and other similar debts | Debts to pension or profit-sharing | ■ No |
| | ount | Other. Specify Charge Acc | ☐ Yes |
| \$2,500.00 | | Last 4 digits of account number | TD Bank |
| | | When was the debt incurred? | Nonpriority Creditor's Name 110 Buckwater Pkwy Bluffton, SC 29910 |
| | s: Check all that apply | As of the date you file, the claim is | Number Street City State Zip Code Who incurred the debt? Check one. |
| | | ☐ Contingent | Debtor 1 only |
| | | ☐ Unliquidated | Debtor 2 only |
| | | ☐ Disputed | ☐ Debtor 1 and Debtor 2 only |
| | claim: | Type of NONPRIORITY unsecured | ☐ At least one of the debtors and another |
| | | ☐ Student loans | ☐ Check if this claim is for a community |
| | ration agreement or divorce that you did not | ☐ Obligations arising out of a separeport as priority claims | debt Is the claim subject to offset? |
| | g plans, and other similar debts | Debts to pension or profit-sharing | ■ No |
| | | Other. Specify | ☐ Yes |
| \$700.00 | | Last 4 digits of account number | Univest Corp |
| | | When was the debt incurred? | Nonpriority Creditor's Name 14 N. Main Street Souderton, PA 18964 |
| | s: Check all that apply | As of the date you file, the claim is | Number Street City State Zip Code Who incurred the debt? Check one. |
| | | ☐ Contingent | Debtor 1 only |
| | | ☐ Unliquidated | Debtor 2 only |
| | | ☐ Disputed | ☐ Debtor 1 and Debtor 2 only |
| | claim: | Type of NONPRIORITY unsecured | \square At least one of the debtors and another |
| | | Student loans | ☐ Check if this claim is for a community |
| | ration agreement or divorce that you did not | report as priority claims | debt Is the claim subject to offset? |
| | g plans, and other similar debts | Debts to pension or profit-sharing | ■ No |
| | | Other. Specify | Yes |

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| USAA | Last 4 digits of account number | 5506 | \$787.1 |
|---|--|---|---------|
| Nonpriority Creditor's Name Attn: Bankruptcy Dept. P.O. Box 14050 | When was the debt incurred? | 2015 | |
| Las Vegas, NV 89114-4050 | | | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | _ | | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | Lateta | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | og plans, and other similar debts | |
| — No □ Yes | ■ Other. Specify overdraft s | | |
| | — отног. ороону | | |
| USAA Nonpriority Creditor's Name | Last 4 digits of account number | 7141 | \$923.0 |
| Attn: Bankruptcy Dept. P.O. Box 14050 | When was the debt incurred? | USAA insurance | |
| Las Vegas, NV 89114-4050 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | Пол | | |
| Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | Other. Specify unpaid insu | urance | |
| | | | |
| Usaa Federal Savings Bank | Last 4 digits of account number | 0632 | \$564.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy 10750 Mcdermott Freeway | When was the debt incurred? | Opened 04/17 Last Active 08/17 | |
| San Antonio, TX 78288 Number Street City State Zip Code | As of the date you file, the claim i | is: Chack all that apply | |
| Who incurred the debt? Check one. | 7.0 or the date you me, the olding | o. Oncok all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | Other Specify Credit Line | Conumad | |

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| Usaa Federal Savings Bank | Last 4 digits of account number | 7375 | \$412. |
|---|--|---|----------|
| Nonpriority Creditor's Name Attn: Bankruptcy 10750 Mcdermott Freeway San Antonio, TX 78288 | When was the debt incurred? | Opened 06/15 Last Active 07/17 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify Credit Card | <u>.</u> | |
| USAA Federal Savings Bank | Last 4 digits of account number | 7471 | \$24. |
| Nonpriority Creditor's Name Attn: Bankruptcy 10750 Mcdermott Freeway | When was the debt incurred? | Opened 02/16 Last Active 11/22/17 | |
| San Antonio, TX 78288 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Automobile | 9 | |
| USAA Federal Savings Bank | Last 4 digits of account number | 9277 | \$6,586. |
| Nonpriority Creditor's Name Attn: Bankruptcy 10750 Mcdermott Freeway | When was the debt incurred? | Opened 05/15 Last Active 10/15 | |
| San Antonio, TX 78288 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Repo | e | |

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| 4.3 5 | Williamfudge | Last 4 digits of account number | 9556 | \$535.00 |
|----------|--|--|--|----------|
| | Nonpriority Creditor's Name Po Box 11590 Rock Hill, SC 29731 | When was the debt incurred? | Opened 03/18 Last Active 07/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Strayer Uni | vers | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | ٦ | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | 1 | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 8,702.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 61,885.52 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 70,587.52 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| | nation to identify your | | | .55 | 1 agc.31 01 30 |
|-----------------------|-------------------------|-------------------|------------|-----|--------------------------------------|
| Debtor 1 | Lindsay N Waters | • | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the: | SOUTHERN DISTRICT | OF GEORGIA | | |
| Case number(if known) | | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | r company with Name, Numbe | n whom you have the er, Street, City, State and ZIP (| contract or lease | State what the contract or lease is for |
|-----|------------|-------------------------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Olalo | 211 0000 | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | <u></u> |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.5 | Спу | | State | ZIP Code | |
| 2.5 | Name | | | | <u> </u> |
| | Name | | | | |
| | Number | Street | | | _ |
| | . 10111001 | 3.1001 | | | |
| | City | | State | ZIP Code | _ |
| | | | | | |

Case:19-40294-F.IC Doc#:1 Filed:03/01/19 Entered:03/01/19 09:17:53 Page:32 of 56 Fill in this information to identify your case: Debtor 1 **Lindsay N Waters** Middle Name Last Name First Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number (if known) ☐ Check if this is an amended filing Official Form 106H Schedule H: Your Codebtors 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. No ☐ Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) ■ No. Go to line 3. ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Name, Number, Street, City, State and ZIP Code Check all schedules that apply: 3.1 ☐ Schedule D, line Name ☐ Schedule E/F, line ☐ Schedule G, line Number Street Citv ZIP Code State

Street

State

3.2

Name

Number

City

ZIP Code

☐ Schedule D, line

☐ Schedule E/F, line☐ Schedule G, line☐

Case:19-40294-EJC Doc#:1 Filed:03/01/19 Entered:03/01/19 09:17:53 Page:33 of 56

| Fill | in this information to identify yo | our case: | | | | | | | |
|-------------|--|---|----------------------------|-----------|------|---|-------------------------|---------------------------|---------|
| Del | btor 1 Lindsay | N Waters | | | | | | | |
| | btor 2 | | | | | | | | |
| Uni | ited States Bankruptcy Court fo | r the: SOUTHERN DISTRIC | CT OF GEORGIA | | _ | | | | |
| | se number nown) | | - | | | Check if this is: An amende A supplement income | ed filing ent showir | ng postpetition | |
| <u>O</u> | fficial Form 106l | | | | | MM / DD/ Y | YYY | | |
| S | chedule I: Your I | ncome | | | | | | | 12/15 |
| spo atta | plying correct information. If use. If you are separated and ich a separate sheet to this for the control of th | your spouse is not filing w rm. On the top of any additi | ith you, do not inclu | ıde infor | mati | on about your spo | ouse. If m | ore space is | needed, |
| ١. | information. | | Debtor 1 | | | Debtor 2 | or non-f | iling spouse | |
| | If you have more than one joi attach a separate page with information about additional employers. | Employment status | ☐ Employed ■ Not employed | | | ☐ Emplo | • | | |
| | Include part-time, seasonal, of self-employed work. | Occupation Employer's name | | | | | | | |
| | Occupation may include stud or homemaker, if it applies. | ent Employer's address | | | | | | | |
| | | How long employed t | here? | | | | | | |
| Pai | rt 2: Give Details About | Monthly Income | | | | | | | |
| spo | imate monthly income as of to use unless you are separated. ou or your non-filing spouse hav | | - | | | | | • | |
| mor | e spáce, attach a separate she | et to this form. | | | ' | For Debtor 1 | For De | ebtor 2 or ling spouse | , |
| 2. | List monthly gross wages, deductions). If not paid month | | | 2. | \$ | 0.00 | \$ | N/A | |
| 3. | Estimate and list monthly of | vertime pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. A | dd line 2 + line 3. | | 4. | \$ | 0.00 | \$ | N/A | |

Case:19-40294-EJC Doc#:1 Filed:03/01/19 Entered:03/01/19 09:17:53 Page:34 of 56

| Debt | or 1 | Lindsay N Waters | _ | Ca | ase number (if known) | | | |
|------|---------------|--|------------|------|-----------------------|-------------|------------------------|----------|
| | | | | | | | | |
| | | | | F | For Debtor 1 | For | Debtor 2 or | |
| | | | | • | 0. 505.01 | | -filing spouse | |
| | Cop | y line 4 here | 4. | 9 | 0.00 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | ٥ | 0.00 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | | \$ — | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | | 0.00 | \$- | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | 1 | | \$_ | N/A | |
| | 5e. | Insurance | 5e. | | | \$_ | N/A | |
| | 5f. | Domestic support obligations | 5f. | 9 | | \$ | N/A | |
| | 5g. | Union dues | 5g. | 9 | 0.00 | \$ | N/A | |
| | 5h. | Other deductions. Specify: | 5h. | + \$ | 0.00 | + \$ | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | N/A | |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 90 | Ó | 000 | ¢ | N/A | |
| | 8b. | monthly net income. Interest and dividends | 8a. 8b. | | 0.00 | \$_ \$ | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | | 4 | 0.00 | Ψ_ | N/A | |
| | 00. | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | 9 | \$ 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | | | \$_ | N/A | |
| | 8e. | Social Security | 8e. | | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: unemployment eligible for 14 weeks | 8f. | 9 | 1,132.00 | \$ | N/A | |
| | | boyfriend is in army - his BAH pays \$314 monthly | | 9 | 314.00 | \$ | N/A | |
| | | 2018 tax refund (3,000 taken by army) | _ | | 312.92 | \$_ | N/A | |
| | 8g. | Pension or retirement income | _ 8g. | 9 | 0.00 | \$_ | N/A | |
| | 8h. | Other monthly income. Specify: boyfriend assistance as needed | 8h. | | | + \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,570.35 | \$ | N/A | |
| | | | _ | L | | | | i |
| 10. | | tulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 2,570.35 + \$ | | N/A = \$ | 2,570.35 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a cify: | deper | | • | | Schedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies | | | | | | 2,570.35 |
| | | | | | | | monthly | |
| 13. | Do y ■ | No. Yes. Explain: | ? | | | | | |

Official Form 106I Schedule I: Your Income page 2

| | | | | | | 1 | | | |
|--------|-----------------------------|--|----------------------------|---|---|--------------|-------------------|--|----|
| Fill | in this informa | tion to identify yo | our case: | | | | | | |
| Deb | tor 1 | Lindsay N W | aters | | | Che | eck if this is: | | |
| | | | | | | | An amended filing | | |
| | tor 2 | | | | | | | wing postpetition chapter | |
| (Spo | ouse, if filing) | | | | | | 13 expenses as of | the following date: | |
| Unit | ed States Bankr | uptcy Court for the | : SOUTH | ERN DISTRICT OF GEO | DRGIA | | MM / DD / YYYY | | |
| 1 | e number nown) | | | | | | | | |
| \Box | fficial Fo | rm 106J | | | | | | | |
| | | | | | | | | | |
| | | J: Your I | | | | | | 12/ | 15 |
| info | ormation. If m | | eded, atta | If two married people a ch another sheet to this n. | | | | | |
| Par | t 1: Descr | ibe Your House | hold | | | | | | |
| 1. | Is this a join | | | | | | | | |
| | ■ No. Go to | line 2. | | | | | | | |
| | | s Debtor 2 live i | in a separa | ate household? | | | | | |
| | □ N | | • | | | | | | |
| | = | ~ | st file Offici | al Form 106J-2, Expense | es for Separate House | ehold of Del | btor 2. | | |
| | | | _ | . , | , | | | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | □ No | |
| | dependents | names. | | | | | | ☐ Yes | |
| | | | | | | | | ☐ No | |
| | | | | | | | _ | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | _ | ☐ Yes | |
| | | | | | | | | □ No | |
| 3. | Do your exp | enses include | _ | | | | | ☐ Yes | |
| 0. | expenses of | f people other the people of t | han $_{oldsymbol{\sqcap}}$ | No Yes | | | | | |
| Par | t 2: Estim | ate Your Ongoi | na Monthi | v Fynenses | | | | | |
| Est | imate your ex | penses as of yo | our bankrı | uptcy filing date unless | | | | apter 13 case to report of the form and fill in the | : |
| • • | | | | | | | | | |
| | | | | government assistance luded it on <i>Schedule I:</i> | | | | | |
| | ficial Form 10 | | a nave inc | iuded it on <i>Scriedule I:</i> | Your income | | Your exp | enses | |
| | | , | | | | | | | |
| 4. | | or home owners and any rent for the | | ses for your residence. r lot. | Include first mortgage | e 4. | \$ | 0.00 | |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | : | 0.00 | |
| | | | | ıpkeep expenses | | 4c. | \$ | 0.00 | |
| _ | | owner's associat | | | | 4d. | · | 0.00 | |
| 5. | Additional n | nortgage payme | ents for yo | our residence, such as h | ome equity loans | 5. | \$ | 0.00 | |

| Debtor ' | 1 | Lindsay | N Water | S | | | Cas | e num | ber (if known) | |
|----------------|-------|--------------------|---------------|--|--|------------------------|----------------|---------|----------------|---------------------------------|
| 6. Ut i | iliti | ies: | | | | | | | | |
| 6a. | | Electricity, | heat, nat | ural gas | | | | 6a. | \$ | 0.00 |
| 6b | | Water, sev | ver, garba | age collection | | | | 6b. | \$ | 0.00 |
| 6c. | | | • | - | ellite, and cable s | services | | 6c. | \$ | 0.00 |
| 6d. | | • | | ell Phone | , | | | 6d. | · - | 80.00 |
| | | and house | | | | | | 7. | | 675.00 |
| | | | | education cost | te | | | 8. | \$ | 440.00 |
| - | | | | | เธ | | | | | |
| | | - | | ry cleaning | | | | 9. | \$ | 120.00 |
| | | • | | and services | | | | 10. | \$ | 380.00 |
| | | cal and dei | • | | | | | 11. | \$ | 0.00 |
| | | - | | | e, bus or train far | re. | | 40 | c | 243.00 |
| | | ot include ca | | | | | | 12. | | |
| | | | | | oapers, magazin | nes, and books | | 13. | \$ | 116.00 |
| 4. Ch | ari | itable cont | ributions | and religious d | lonations | | | 14. | \$ | 0.00 |
| 5. Ins | | | | | | | | | | |
| | | | | deducted from yo | our pay or include | ed in lines 4 or 20. | | | | |
| | | Life insura | | | | | | 15a. | | 0.00 |
| 15 | b. | Health ins | urance | | | | | 15b. | \$ | 0.00 |
| 15 | c. | Vehicle ins | surance | | | | | 15c. | \$ | 140.00 |
| 15 | d. | Other insu | rance. Sp | ecify: | | | | 15d. | \$ | 0.00 |
| | | | | · | n your pay or inc | luded in lines 4 or | 20. | | | |
| Sp | eci | ify: | | | , ,, | | | 16. | \$ | 0.00 |
| 7. Ins | sta | Ilment or le | | | | | | | - | |
| 17 | a. | Car payme | ents for V | ehicle 1 | | | | 17a. | \$ | 375.21 |
| 17 | b. | Car payme | ents for V | ehicle 2 | | | | 17b. | \$ | 0.00 |
| 17 | c. | Other. Spe | ecify: | | | | | 17c. | \$ | 0.00 |
| | | Other. Spe | | | | | | 17d. | \$ | 0.00 |
| | | | | nv. maintenanc | e. and support t | that you did not r | eport as | | | |
| | | | | | | ome (Official For | | 18. | \$ | 0.00 |
| | | | | | | ot live with you. | | | \$ | 0.00 |
| | | ify: | • | | | • | | 19. | - | |
| | | | ertv expe | nses not includ | led in lines 4 or | 5 of this form or | on Schedule | e I: Yo | our Income. | |
| | | Mortgages | | | | | | 20a. | | 0.00 |
| | | Real estat | | , | | | | 20b. | | 0.00 |
| | | | | er's, or renter's i | ngurance | | | 20c. | · | 0.00 |
| | | | | r, and upkeep ex | | | | 20d. | · | |
| | | | | | | | | | | 0.00 |
| | | | ers assoc | ciation or condon | ninium dues | | | 20e. | · | 0.00 |
| 1. O t | hei | r: Specify: | | | | | | 21. | +\$ | 0.00 |
| 2. Ca | lcı | ulate your i | nonthly e | expenses | | | | | | |
| | | Add lines 4 | - | • | | | | | \$ | 2,569.21 |
| | | | • | | ebtor 2) if any f | from Official Form | 106J-2 | | \$ | |
| | | | | | | | .000 2 | | · | |
| 22 | c. A | add line 22a | a and 22b | . The result is ye | our monthly expe | enses. | | | \$ | 2,569.21 |
| | | | | net income. | | | | | | |
| | | | | | ly income) from S | Schedule I. | | 23a. | \$ | 2,570.35 |
| | | | | expenses from li | | | | 23b. | | 2,569.21 |
| _5 | • | 2-F)) O GI | | | | | | | | 2,000.21 |
| 23 | c. | Subtract y | our month | nly expenses from | m your monthly in | ncome. | | | | |
| | | | | onthly net incom | | | | 23c. | \$ | 1.14 |
| | | | | | | | | | | |
| | | | | | | es within the yea | | | | orogeo or doorogeo because of a |
| | | | | o finisn paying for y our mortgage? | our car ioan within | i ine year or do you e | xpect your mor | iyage | payment to in | crease or decrease because of a |
| | | | .c.i.io oi ye | a. mongago: | | | | | | |
| _ | | | | | | | | | | |
| | Υe | es. | Explain | nere: | | | | | | |

| Fill in this infor | mation to identify your | case: | | | | | | | | |
|--------------------------------------|---|----------------------------|-----------------------------|-----------------------|--|--|--|--|--|--|
| Debtor 1 | Lindsay N Waters | <u> </u> | | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | | |
| | | | | | | | | | | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DISTRICT | OF GEORGIA | | | | | | | |
| Case number _ | | | | | ☐ Check if this is an | | | | | |
| (| | | | | amended filing | | | | | |
| | Declaration About an Individual Debtor's Schedules two married people are filing together, both are equally responsible for supplying correct information. | | | | | | | | | |
| f two married pe | eople are filing togethe | r, both are equally respon | sible for supplying corre | ect information. | | | | | | |
| obtaining money years, or both. 1 | ou must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or btaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below | | | | | | | | | |
| Did you pa | ly or agree to pay some | one who is NOT an attorn | ney to help you fill out ba | nkruptcy forms? | | | | | | |
| ■ No | | | | | | | | | | |
| ☐ Yes. N | Name of person | | | | uptcy Petition Preparer's Notice, and Signature (Official Form 119) | | | | | |
| | alty of perjury, I declare e true and correct. | that I have read the summ | nary and schedules filed | with this declaration | and | | | | | |
| X /s/ Line | dsay N Waters | | X | | | | | | | |
| Lindsa | ay N Waters are of Debtor 1 | | Signature of D | Debtor 2 | | | | | | |
| Date _I | March 1, 2019 | | Date | | | | | | | |

| Fill in this i | nformation to identify your o | 2250 | | 1 |
|--------------------------------|--|--|--|--------------------------------------|
| Debtor 1 | | | | |
| Deploi | Lindsay N Waters First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing |) First Name | Middle Name | Last Name | |
| | es Bankruptcy Court for the: | SOUTHERN DISTRICT OF G | GEORGIA | |
| | , , | | | |
| Case number | er | | | ☐ Check if this is an amended filing |
| Official | Form 107 | | | |
| Stateme | ent of Financial A | ffairs for Individua | als Filing for Bankruptc | y 4/16 |
| information. number (if k | If more space is needed, a nown). Answer every quest | ttach a separate sheet to this | filing together, both are equally respor s form. On the top of any additional pag yed Before | |
| | your current marital status | ? | | |
| _ | arried ot married | | | |
| 2. During | the last 3 years, have you li | ved anywhere other than whe | ere you live now? | |
| □ No ■ Ye | | ed in the last 3 years. Do not in | clude where you live now. | |
| Debtor | r 1 Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Address: | Dates Debtor 2 lived there |
| | Chestnut Street aus, PA 18049 | From-To: Nov 2017-January 2018 | ☐ Same as Debtor 1 | ☐ Same as Debtor 1 From-To: |
| | awson Drive nixville, PA 19460 | From-To: April 2016-November 2017 | ☐ Same as Debtor 1 | ☐ Same as Debtor 1 From-To: |
| states and te | erritories include Arizona, Calif | | equivalent in a community property sta a, New Mexico, Puerto Rico, Texas, Was | |
| | • | , | ai Foitti 100mj. | |
| Part 2 | xplain the Sources of Your | Income | | |
| Fill in th | e total amount of income you | received from all jobs and all b | business during this year or the two pusinesses, including part-time activities. gether, list it only once under Debtor 1. | orevious calendar years? |
| □ No | | | | |
| ■ Ye | s. Fill in the details. | | | |
| | | Debtor 1 | Debtor 2 | |

Official Form 107

| | | | | Debtor 1 | | | | | Debtor 2 | | |
|----|---------------------------------------|---|--|---|--|-------------------------------|---|---|---|---------------------------|---|
| | | | | | rces of income ck all that apply. Gross income (before deductions and exclusions) | | Sources of inc | | Gross income (before deductions and exclusions) | | |
| | r last calen anuary 1 to | | 31, 2018) | | ■ Wages, commissions, sonuses, tips \$21,144.00 | | ☐ Wages, combonuses, tips | missions, | | | |
| | | | | ☐ Operati | ng a business | | | | ☐ Operating a l | ousiness | |
| | or the calend anuary 1 to | | | ■ Wages, bonuses, t | commissions, | | \$4,59 | 97.00 | ☐ Wages, com bonuses, tips | missions, | |
| | | | | ☐ Operati | ng a business | | | | Operating a | ousiness | |
| 5. | Include include and other winnings. I | come regard public benef f you are fili | less of wheth it payments; ng a joint cas he gross inco | er that incor pensions; re se and you h | ntal income; inter ave income that y | amples rest; di you red | s of other incom- vidends; mone ceived together | ne are ali y collecte r, list it or | | royalties; and btor 1. | ecurity, unemployment, d gambling and lottery |
| | | | | Debtor 1 | | | | | Debtor 2 | | |
| | | | | Sources o Describe b | | eac (be | oss income fro ch source fore deductions clusions) | | Sources of inconstruction Describe below. | | Gross income (before deductions and exclusions) |
| | om January e date you f | | nt year until kruptcy: | Unemplo | yment | | \$1,13 | 32.00 | | | |
| Pa | rt 3: List | Certain Pa | vments You | Made Refo | e You Filed for | Rankr | untev | | | | |
| 6. | | Debtor 1's | or Debtor 2' | 's debts prii ebtor 2 has | marily consume | r debt | s? lebts. Consum | er debts | are defined in 11 | U.S.C. § 101 | (8) as "incurred by an |
| | | During the No. | Go to line 7 List below e | each creditor editor. Do no | to whom you pa | id a tot | al of \$6,425* or domestic suppo | r more in | | ments and th | ne total amount you nd alimony. Also, do |
| | | * Subject | | | an attorney for t and every 3 year | | | filed on c | or after the date of | f adjustment. | |
| | ■ Yes. | | | | primarily consumor bankruptcy, di | | | or a total | of \$600 or more? | | |
| | | No. | Go to line 7 | | | | | | | | |
| | | □ Yes | include pay | | mestic support o | | | | the total amount yort and alimony. A | | creditor. Do not nclude payments to an |
| | Creditor's | s Name and | d Address | | Dates of payme | ent | Total amo | ount paid | Amount you still owe | Was this p | ayment for |

| 7. | Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | ortners; relatives of any general control, or owner of 20% of | neral partners; partne or more of their voting | erships of which yo g securities; and ar | u are a genera ny managing a | al partner; corporation agent, including one fo |
|-----|---|---|---|---|---------------------------------|---|
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cost | | yments or transfer a | any property on a | ccount of a d | ebt that benefited an |
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Par | rt 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. | | erty repossessed, f | oreclosed, garnis | hed, attached | d, seized, or levied? |
| | Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happene | | | | |
| | PSECU 10 S 2nd St. Reading, PA 19302 | 2010 Ford Edge rep NADA Clean Retail: | | 2016 | | \$12,475.00 |
| | | Property was reposs | essed. | | | |
| | | ☐ Property was foreclo | sed. | | | |
| | | ☐ Property was garnish | ned. | | | |
| | | ☐ Property was attache | ed, seized or levied. | | | |
| | USAA Federal Savings Bank c/o Weinstein & Riley, PS 2001 Western Ave, Suite 400 | 2010 Toyota Scion RADA Clean Retail: | | | | \$6,975.00 |
| | Seattle, WA 98121-3132 | ■ Property was reposs | | | | |
| | | Property was foreclo | | | | |
| | | ☐ Property was garnish | ned. | | | |
| | | ☐ Property was attached | ed, seized or levied. | | | |
| | | | | | | |

| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment b ■ No □ Yes. Fill in the details. | | did any creditor, including a bank or financial insegon owed a debt? | stitution, set off any a | amounts from your | | | |
|-----|--|--------------------|--|---|---------------------------|--|--|--|
| | Creditor Name and Address | De | escribe the action the creditor took | Date action was taken | Amount | | | |
| 12. | court-appointed receiver, a custodian, o | | vas any of your property in the possession of an a ner official? | assignee for the ben | efit of creditors, a | | | |
| | ■ No □ Yes | | | | | | | |
| Par | t 5: List Certain Gifts and Contribution | s | | | | | | |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift. | | | | | | | |
| | Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and | | Describe the gifts | Dates you gave the gifts | Value | | | |
| | Address: | | | | | | | |
| 14. | Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift or o | | did you give any gifts or contributions with a totation. | Il value of more than | \$600 to any charity? | | | |
| | Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | | Describe what you contributed | Dates you contributed | Value | | | |
| Par | t 6: List Certain Losses | | | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ptcy o | r since you filed for bankruptcy, did you lose any | hing because of the | ft, fire, other disaster, | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Describe the property you lost and how the loss occurred | Includ | ribe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | | |
| Par | t 7: List Certain Payments or Transfers | s | , , | | | | | |
| | Within 1 year before you filed for bankru consulted about seeking bankruptcy or | ptcy, d prepari | lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services required | | erty to anyone you | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ou′ | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |

| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your creditor Do not include any payment or transfer that you have not | ors or to make paymen | | | perty to anyone who | | | |
|-------|--|---|---|--|---|--|--|--|
| | ☐ Yes. Fill in the details. | in the details | | | | | | |
| | Person Who Was Paid Description and value of any property or transferred Date payment or transfer was made | | | | | | | |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your build like the like the properties of your build like the li | ousiness or financial at lade as security (such as | ffairs? s the granting of a sec | | | | | |
| | ☐ Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you | Description and property transfe | | Describe any property or payments received or debts paid in exchange | Date transfer was made | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-program No Yes. Fill in the details. | | any property to a sel | f-settled trust or similar devic | e of which you are a | | | |
| | Name of trust | Description and | value of the proper | ty transferred | Date Transfer was made | | | |
| ; | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No Yes. Fill in the details. | or other financial acco | unts; certificates of | • | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | or Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | | | |
| | Capital One Attn: Bankruptcy Dept. P.O. Box 85167 Richmond, VA 23285 | xxxx-9618 | ☐ Checking ■ Savings ☐ Money Market ☐ Brokerage ☐ Other | closed January 2019 by institution "Savings 360" | \$0.00 | | | |
| | USAA Attn: Bankruptcy Dept. P.O. Box 14050 Las Vegas, NV 89114-4050 | xxxx-9498 | ■ Checking □ Savings □ Money Market □ Brokerage □ Other | closed | \$-900.00 | | | |
| | USAA Attn: Bankruptcy Dept. P.O. Box 14050 Las Vegas, NV 89114-4050 | xxxx-5506 | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ☐ Other | | \$-282.41 | | | |

| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|-------|--|--|---|--------------------------------------|--|---|
| | NAVY FEDERAL P.O. BOX 3500 MERRIFIELD, VA 22119- | XXXX- | ☐ Checking ☐ Savings ☐ Money Mark ☐ Brokerage ☐ Other | ☐ Savings ☐ Money Market ☐ Brokerage | | \$-6,000.00 |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed for | bankruptcy, an | y safe dep | osit box or other deposit | ory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe t | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit | or place other than your | home within 1 y | year befor | e you filed for bankruptcy | y? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or I to it? Address (Number, S State and ZIP Code) | | | the contents | Do you still have it? |
| Par | 9: Identify Property You Hold or Contro | I for Someone Else | | | | |
| | Do you hold or control any property that so for someone. | omeone else owns? Incl | ude any property | y you borr | owed from, are storing fo | or, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe t | the property | Value |
| Par | 10: Give Details About Environmental In | formation | | | | |
| For t | he purpose of Part 10, the following definit | ions apply: | | | | |
| | Environmental law means any federal, stat toxic substances, wastes, or material into regulations controlling the cleanup of thes | the air, land, soil, surfac | e water, groundv | | | |
| | Site means any location, facility, or proper to own, operate, or utilize it, including disp | - | environmental la | aw, whethe | er you now own, operate, | or utilize it or used |
| | Hazardous material means anything an enhazardous material, pollutant, contaminant | | as a hazardous v | waste, haz | zardous substance, toxic | substance, |
| Rep | ort all notices, releases, and proceedings th | nat you know about, rega | ardless of when | they occu | rred. | |
| 24. | Has any governmental unit notified you tha | at you may be liable or p | otentially liable ι | under or ir | n violation of an environn | nental law? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental un Address (Number, S ZIP Code) | | | nmental law, if you it | Date of notice |
| | | · · | | | | |

| 25. | Hav | re you notified any governmental unit o | f any release of hazardous material? | | | | | | | |
|---------------------|---|--|---|-----------|--------------------------------------|--------------------|--|--|--|--|
| | | No Yes. Fill in the details. | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | | vironmental law, if you ow it | Date of notice | | | | |
| 26. | Hav | re you been a party in any judicial or ad | ministrative proceeding under any envi | ronmer | ital law? Include settlements | and orders. | | | | |
| | | No Yes. Fill in the details. | | | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature | e of the case | Status of the case | | | | |
| Par | t 11: | Give Details About Your Business or | Connections to Any Business | | | | | | | |
| 27. | Witl | hin 4 years before you filed for bankrup | otcy, did you own a business or have an | y of the | following connections to an | y business? | | | | |
| | | ☐ A sole proprietor or self-employed | in a trade, profession, or other activity, | either f | ull-time or part-time | | | | | |
| | | ☐ A member of a limited liability com | pany (LLC) or limited liability partnersh | ip (LLP) |) | | | | | |
| | | ☐ A partner in a partnership | | | | | | | | |
| | | ☐ An officer, director, or managing executive of a corporation | | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | | |
| | | | | | | | | | | |
| | _ | No. None of the above applies. Go to | | | | | | | | |
| | □ B | siness Name | Il in the details below for each business Describe the nature of the business | | mployer Identification number | Ar. | | | | |
| | Ad | dress | | | o not include Social Security | | | | | |
| | (Nui | mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | D | ates business existed | | | | | |
| 28. | Witl | hin 2 years before you filed for bankrup itutions, creditors, or other parties. | etcy, did you give a financial statement (| to anyo | ne about your business? Incl | ude all financial | | | | |
| | | No | | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | | |
| | Ad | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | | | |
| Par | t 12: | Sign Below | | | | | | | | |
| are with 18 U | true a ba J.S.C | and correct. I understand that making a ankruptcy case can result in fines up to . §§ 152, 1341, 1519, and 3571. | nancial Affairs and any attachments, ar a false statement, concealing property, \$250,000, or imprisonment for up to 20 | or obtai | ining money or property by fr | | | | | |
| | | dsay N Waters y N Waters | Signature of Debtor 2 | | | | | | | |
| | | re of Debtor 1 | Oignature of Design 2 | | | | | | | |
| Dat | e <u> </u> | March 1, 2019 | Date | | | | | | | |
| Did ■ N | - | attach additional pages to Your Statem | ent of Financial Affairs for Individuals I | Filing fo | <i>r Bankruptcy</i> (Official Form 1 | 07)? | | | | |
| □ Y | | | | | | | | | | |
| Did ■ N | | pay or agree to pay someone who is no | ot an attorney to help you fill out bankru | ıptcy fo | rms? | | | | | |
| | | | uptcy Petition Preparer's Notice, Declaration | on, and | Signature (Official Form 119). | | | | | |
| Offic | ial Fo | rm 107 Stater | nent of Financial Affairs for Individuals Filing | for Ban | kruptcy | page | | | | |

| Fill in this infor | mation to identify your | case: | | | |
|-------------------------------------|---|----------------------|--|----------------------------|---|
| Debtor 1 | Lindsay N Waters | | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | SOUTHERN DIST | FRICT OF GEORGIA | | |
| Case number _ | | | | _ | eck if this is an |
| | | | | ame | ended filing |
| Official Fo | | n for Indiv | riduals Filing Under C | Chapter 7 | 12/15 |
| If you are an ind | ividual filing under chap | oter 7, you must fil | I out this form if: | | |
| creditors hav | e claims secured by you | ur property, or | | | |
| You must file thi | ever is earlier, unless th | ithin 30 days after | ot expired. you file your bankruptcy petition or by e time for cause. You must also send c | | |
| | eople are filing together | in a joint case, bo | th are equally responsible for supplying | g correct information. Bo | th debtors must |
| | and accurate as possib our name and case nun | | needed, attach a separate sheet to this | s form. On the top of any | additional pages, |
| | our name and case num | ibei (ii kilowii). | | | |
| Part 1: List Y | our Creditors Who Have | Secured Claims | | | |
| | | rt 1 of Schedule D | : Creditors Who Have Claims Secured I | by Property (Official Form | 106D), fill in the |
| information be Identify the cr | elow. editor and the property th | nat is collateral | What do you intend to do with the pr secures a debt? | | claim the property pt on Schedule C? |
| | | | | | |
| Creditor's C name: | Capital One Auto Fina | nce | ☐ Surrender the property.☐ Retain the property and redeem it. | ■ No | |
| Description of | 2017 Honda Civic 2 | | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes | |
| property securing debt: | NADA Clean Retail | : \$19,050 | ☐ Retain the property and [explain]: | | |
| | | | | | |
| | our Unexpired Personal | | in Schedule G: Executory Contracts an | d Unavaired Lasses (Offi | cial Form 106G) fill |
| in the information | on below. Do not list rea | l estate leases. Un | expired leases are leases that are still in the trustee does not assume it. 11 U.S.C | n effect; the lease period | |
| Describe your u | unexpired personal prop | perty leases | | Will the lease | be assumed? |
| Lessor's name: Description of le | ased | | | □ No | |
| Property: | | | | ☐ Yes | |
| Lessor's name: Description of le | ased | | | □ No | |
| Property: | | | | ☐ Yes | |
| Lessor's name: | | | | □ No | |
| Official Form 108 | | Statement of In | tention for Individuals Filing Under Cha | apter 7 | page 1 |

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| Debtor 1 Lindsay N Waters | Case number (if known) |
|--|--|
| Description of leased Property: | ☐ Yes |
| | L Tes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have indicated my intention about any property that is subject to an unexpired lease. | property of my estate that secures a debt and any personal |
| X /s/ Lindsay N Waters X | |
| Lindsay N Waters Signature of Debtor 1 | ature of Debtor 2 |
| Date March 1, 2019 Date | |

| Fill in | this information to identify your case: | | | | | irected in this form and | in Form |
|---------------------|---|---|--------------------------------------|--------------------------|----------------------------------|---|---|
| Debto | Lindsay N Waters | | 12 | 2A-1Supp |): | | |
| Debto (Spouse | or 2 e, if filing) | | | ■ 1. The | re is no pres | umption of abuse | |
| United | d States Bankruptcy Court for the: Southern District of | of Georgia | | apı | olies will be m | o determine if a presumade under <i>Chapter 7</i> | • |
| Case (if know | number n) | | | ☐ 3. The | Means Test | cial Form 122A-2). does not apply now be service but it could ap | |
| | | | | | | n amended filing | <u>, , , , , , , , , , , , , , , , , , , </u> |
| Offic | cial Form 122A - 1 | | | | | · · | |
| | pter 7 Statement of Your Cur | rent Mor | nthly Inc | ome | | | 12/15 |
| attach a case ni | complete and accurate as possible. If two married people as a separate sheet to this form. Include the line number to wounder (if known). If you believe that you are exempted froing military service, complete and file Statement of Exempted Calculate Your Current Monthly Income | hich the additior m a presumption | nal information a of abuse becau | applies. O se you do | n the top of ar not have prin | ny additional pages, wri narily consumer debts o | te your name and or because of |
| 1. \ | What is your marital and filing status? Check one on | ıly. | | | | | |
| ı | Not married. Fill out Column A, lines 2-11. | | | | | | |
| [| \square Married and your spouse is filing with you. Fill ou | ıt both Columns | A and B, lines | 2-11. | | | |
| [| \square Married and your spouse is NOT filing with you. | You and your s | spouse are: | | | | |
| | ☐ Living in the same household and are not lega | Ily separated. | Fill out both Co | lumns A | and B, lines 2 | 2-11. | |
| | Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evadir | egally separated | d under nonbar | kruptcy l | aw that applie | es or that you and you | |
| 101 the | in the average monthly income that you received from all (10A). For example, if you are filing on September 15, the 6-m 6 months, add the income for all 6 months and divide the total uses own the same rental property, put the income from that p | onth period would by 6. Fill in the re | be March 1 thro sult. Do not include | ugh Augus de any inco | t 31. If the amo | ount of your monthly incompre than once. For examp | ne varied during ble, if both |
| | | | | Column Debtor | | Column B Debtor 2 or non-filing spouse | |
| | Your gross wages, salary, tips, bonuses, overtime, payroll deductions). | and commission | ons (before all | \$ | 1,416.00 | \$ | |
| | Alimony and maintenance payments. Do not include Column B is filled in. | payments from | a spouse if | \$ | 0.00 | \$ | |
| f a | All amounts from any source which are regularly part you or your dependents, including child support. It is not unmarried partner, members of your household and roommates. Include regular contributions from a spilled in. Do not include payments you listed on line 3. | . Include regular d, your depende | contributions nts, parents, | \$ | 0.00 | \$ | |
| 5. N | Net income from operating a business, profession, | or farm | | | | | |
| | | | otor 1 | | | | |
| į . | Gross receipts (before all deductions) | \$ <u>0.00</u> -\$ <u>0.00</u> | | | | | |
| | Ordinary and necessary operating expenses | | Copy here -> | . • | 0.00 | \$ | |
| | Net monthly income from a business, profession, or fari | n \$ | Copy liele -> | Ψ | 0.00 | Ψ | |
| 6. N | Net income from rental and other real property | Deb | otor 1 | | | | |
| | Gross receipts (before all deductions) | \$ 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ 0.00 | | | | | |
| | Net monthly income from rental or other real property | \$ 0.00 | Copy here -> | \$ | 0.00 | \$ | |
| 7. I | nterest, dividends, and royalties | | | \$ | 0.00 | \$ | |

Official Form 122A-1

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Debtor 1 Lindsay N Waters Case number (if known)

| | | | | | Column A | | Column B Debtor 2 or non-filing s | | |
|------|---|--|-------------|-----|------------|-------------|-----------------------------------|------------|-----------------|
| 8. | Unemployment compensation | | | \$ | | 0.00 | \$ | | |
| | Do not enter the amount if you contend that the amour the Social Security Act. Instead, list it here: | nt received was a benef | fit under | | | | | | |
| | For you S | 0. | 00 | | | | | | |
| | For your spouse S | · | | | | | | | |
| | Pension or retirement income. Do not include any arbenefit under the Social Security Act. | | | \$ | | 0.00 | \$ | | |
| 10. | Income from all other sources not listed above. Sp Do not include any benefits received under the Social received as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on total below. | Security Act or paymer manity, or international | nts I or | | | | | | |
| | UEC/ BHA/ Boyfriend | | | \$ | | 388.78 | \$ | | |
| | pro rated tax refund | | | \$ | | 312.92 | \$ | | |
| | Total amounts from separate pages, if any. | | + | \$ | | 0.00 | \$ | | |
| 11. | Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to | | \$ | 2,6 | 617.70 | + \$ | | = \$ | 2,617.70 |
| | | | | | | | | Total o | current monthly |
| Part | 2: Determine Whether the Means Test Applies | to You | | | | | | ilicolli | |
| 12. | Calculate your current monthly income for the year | r. Follow these steps: | | | | | | | |
| | 12a. Copy your total current monthly income from line | 11 | | | Сору | line 11 h | ere=> | \$ | 2,617.70 |
| | Multiply by 12 (the number of months in a year) | | | | | | | X | 12 |
| | 12b. The result is your annual income for this part of the | ne form | | | | | 12b. | | 31,412.40 |
| | | | | | | | | Ψ | |
| 13. | Calculate the median family income that applies to | you. Follow these step | os: | | | | | | |
| | Fill in the state in which you live. | GA | | | | | | | |
| | Fill in the number of people in your household. | 2 | | | | | | | |
| | Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the ban | online using the link s | | | the separa | | 13. ions | \$ | 61,794.00 |
| 14. | How do the lines compare? | 1,10,11 | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. C | On the top of page 1, ch | eck box | 1, | There is r | no presum | ption of abuse |) <u>.</u> | |
| | Go to Part 3. 14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. | of page 1, check box 2 | , The pre | esu | ımption of | abuse is o | determined by | Form 1 | 22A-2. |
| Part | 3: Sign Below | | | | | | | | |
| | By signing here, I declare under penalty of perjury | y that the information o | n this sta | ate | ment and | in any atta | chments is tru | ie and c | orrect. |
| | V /o/ Lindou N Waters | | | | | | | | |
| | X /s/ Lindsay N Waters Lindsay N Waters | | | | | | | | |
| | Signature of Debtor 1 | | | | | | | | |
| | Date March 1, 2019 MM / DD / YYYY | | | | | | | | |
| | If you checked line 14a, do NOT fill out or file For | m 122A-2. | | | | | | | |
| | If you checked line 14b, fill out Form 122A-2 and | file it with this form. | | | | | | | |

Official Form 122A-1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:19-40294-EJC Doc#:1 Filed:03/01/19 Entered:03/01/19 09:17:53 Page:54 of 56

United States Bankruptcy Court Southern District of Georgia

| In re | Lindsay N Waters | | Case No. | | |
|---------|---|--|-----------------------------|-------------------------|--------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPE | NSATION OF ATTOR | RNEY FOR D | EBTOR(S) | |
| C | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation of | ng of the petition in bankruptcy, | or agreed to be paid | to me, for services re | |
| | For legal services, I have agreed to accept | | \$ | 1,185.00 | |
| | Prior to the filing of this statement I have received. | | \$ | 1,185.00 | |
| | Balance Due | | | 0.00 | |
| 2. 7 | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | I have not agreed to share the above-disclosed comp | ensation with any other person | unless they are men | nbers and associates of | my law firm. |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national control of the state of the national control of the state of | | | | aw firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to re | ender legal service for all aspects | s of the bankruptcy | case, including: | |
| t c | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of credited [Other provisions as needed] | ement of affairs and plan which | may be required; | | ruptcy; |
| | Petition and plan, Negotiations with sec preparation and filing of reaffirmation a pursuant to 11 USC 522(f)(2)(A) for avoid | greements and applications | s as needed; pre | | |
| б. I | By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis- debt, motions to sell property. | e does not include the following schargeability actions, any | service: other adversary | proceeding, reques | sts to incur |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of an ankruptcy proceeding. | y agreement or arrangement for | payment to me for | representation of the d | ebtor(s) in |
| М | arch 1, 2019 | /s/ John E. Pytte | | | |
| D_{i} | ate | John E. Pytte 590 | | | |
| | | Signature of Attorne John Pytte | У | | |
| | | P.O. BOX 949 | | | |
| | | Hinesville, GA 313 | | | |
| | | 912-369-3569 Fa | | | |
| | | johnpytte@jpytte. | .com | | |
| | | Name of law firm | | | |

LINDSAY N WATERS 131 WHIRLWIND WAY GUYTON GA 31312

COMENITYCAPITAL/MRSOTA ATTN: BANKRUPTCY DEPT PO BOX 182125 COLUMBUS OH 43218

KOHLS/CAPITAL ONE KOHLS CREDIT PO BOX 3120 MILWAUKEE WI 53201

JOHN E. PYTTE JOHN PYTTE P.O. BOX 949 HINESVILLE, GA 31310 COMENITYCAPITAL/SMPLYB ATTN: BANKRUPTCY DEPT PO BOX 182125 COLUMBUS OH 43218

MERRICK BANK/CARDWORKS ATTN: BANKRUPTCY PO BOX 9201 **OLD BETHPAGE NY 11804**

AAFES ATTENTION: BANKRUPTCY PO BOX 650060

DALLAS TX 75265

CREDIT COLLECTION SERVICES ATTN: BANKRUPTCY 725 CANTON ST NORWOOD MA 02062

MIDLAND FUNDING 2365 NORTHSIDE DR STE 300 SAN DIEGO CA 92108

AMERICAN MILITARY UNIVERSITY 111 W CONGRESS ST CHARLES TOWN WV 25414

CREDIT ONE BANK ATTN: BANKRUPTCY DEPARTMENT P.O. BOX 3500 PO BOX 98873 LAS VEGAS NV 89193

NAVY FEDERAL MERRIFIELD VA 22119-

AT & T P.O. BOX 105503 ATLANTA GA 30348-5503

EFFINGHAM HEALTH SYSTEM PO BOX 15727 SAVANNAH GA 31416

OSLA/DEPT OF ED ATTN: BANKRUPTCY PO BOX 18475 **OKLAHOMA CITY OK 73154**

ATG CREDIT 1700 WEST CORTLAND STREET SUITE 201 CHICAGO IL 60622

ERC/ENHANCED RECOVERY CORP ATTN: BANKRUPTCY 8014 BAYBERRY ROAD JACKSONVILLE FL 32256

PSECU ATTENTION: BANKRUPTCY PO BOX 67013 HARRISBURG PA 17106

CAPITAL ONE 15000 CAPITAL ONE DR RICHMOND VA 23238

FLEXSHOPPER 2700 N MILITARY TRL BOCA RATON FL 33431

PORTFOLIO RECOVERY PO BOX 41021 NORFOLK VA 23541

CAPITAL ONE AUTO FINANCE ATTN: BANKRUPTCY PO BOX 30285 SALT LAKE CITY UT 84130

HEALTHCARE FINANCE DIRECT 1201 24TH STREET SUITE B200 BAKERSFIELD CA 93301

RELIANT HOLDINGS, IN ATTN: BANKRUPTCY DEPARTMEN 1707 WARREN RD. INDIANA PA 15701

CHASE CARD SERVICES ATTN: BANKRUPTCY PO BOX 15298 WILMINGTON DE 19850

HSN 1 HSN DRIVE SAINT PETERSBURG FL 33729 SOUTHWEST CREDIT SYSTEMS 4120 INTERNATIONAL PARKWAY **SUITE 1100** CARROLLTON TX 75007

SOUTHWEST CREDIT SYSTEMS 4120 INTERNATIONAL PARKWAY SUITE 1100 CARROLLTON TX 75007 USAA FEDERAL SAVINGS BANK ATTN: BANKRUPTCY 10750 MCDERMOTT FREEWAY SAN ANTONIO TX 78288

SYNCHRONY BANK/AMAZON ATTN: BANKRUPTCY PO BOX 965060 ORLANDO FL 32896 WILLIAMFUDGE PO BOX 11590 ROCK HILL SC 29731

TD BANK 110 BUCKWATER PKWY BLUFFTON SC 29910

UNIVEST CORP 14 N. MAIN STREET SOUDERTON PA 18964

USAA

ATTN: BANKRUPTCY DEPT. P.O. BOX 14050

LAS VEGAS NV 89114-4050

USAA

ATTN: BANKRUPTCY DEPT. P.O. BOX 14050 LAS VEGAS NV 89114-4050

USAA FEDERAL SAVINGS BANK ATTN: BANKRUPTCY 10750 MCDERMOTT FREEWAY SAN ANTONIO TX 78288

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